

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on

2-21-06

Jeffrey R. Kuester

In Re Application of:

Jerding, et al.

Serial No.: **09/692,995**

Filed: **October 20, 2000**

For: **Media-On-Demand Bookmark System**

Group Art Unit: **2614**

Examiner: **Beliveau, Scott E.**

Docket No. **A-6687 (191910-1570)**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
Petition for Extension of Time - 2 months
RCE Transmittal Page
Fee Transmittal
Credit Card Authorization - Authorizing \$1240.00 (\$450=EOT; \$790=RCE)
Response and Amendments to Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Jerding, et al

Docket No.

A-6687 (191910-1570)

Serial No.
09/692,995

Filing Date
October 20, 2000

Examiner
Beliveau, Scott E.

Confirmation No.
8091

Group Art Unit
2614

Invention: **Media-On-Demand Bookmark System**

**Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450**


Transmitted herewith is a Response and Amendments to FOA; RCE; and 2 Mo. EOT in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|--|---|--|--|-------------------|
| TOTAL CLAIMS | 18 - | 75 = | 0 | X \$50.00 | \$0 |
| INDEP. CLAIMS | 3 - | 8 = | 0 | X \$200.00 | \$0 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | \$360.00 | \$0 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> \$120.00 | 2 ND MONTH <input checked="" type="checkbox"/> \$450.00 | 3 RD MONTH <input type="checkbox"/> \$1,020.00 | 4 TH MONTH <input type="checkbox"/> \$1,590.00 | \$450.00 |
| Other Fees: RCE | | | | | \$790.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$1240.00 |

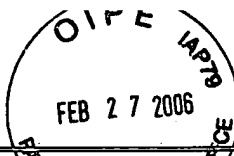
- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1240.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Jeffrey R. Kuester, Reg. No. 34,367



Date

Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005**Complete if Known**

| | |
|----------------------|----------------------|
| Application Number | 09/692,995 |
| Filing Date | October 20, 2000 |
| First Named Inventor | Jerding, et al. |
| Examiner Name | Beliveau, Scott E. |
| Art Unit | 2614 |
| Attorney Docket No. | A-6687 (191910-1570) |

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$1240.00)****METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | Filing Fees | | Search Fees | | Examination Fees | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESSIVE CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims 18 -20 or HP = | 0 | |
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| | 50 | 0 |
| HP = highest number of total claims paid for, if great than 20 | | |
| Indep. Claims 3 -3 or HP = | 0 | |
| Extra Claims | Fee (\$) | Fee Paid (\$) |
| | 200 | 0 |
| HP = highest number of total claims paid for, if great than 3 | | |
| Multiple Dependent Claims | | |
| Fee (\$) | Fee Paid (\$) | |
| 360 | 0 | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------------|---------------|
| -100 = | 0/50 = | 0 | (round up to a whole number) x 250 = | 0 |

4. OTHER FEE(S)

| | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | 0 |
| Other: 2 mo. EOT (\$450); RCE (\$790) | 1240.00 |

SUBMITTED BY

Complete (if applicable)

| | | | |
|--------------------|---------------------------|--------------------------------|----------------------------------|
| Signature | | Registration No. 34,367 | Telephone Number 770-933-9500 |
| Name: (Print/Type) | Jeffrey R. Kuester | Date: | 2-21-06 |